

CITY OF HIALEAH, FLORIDA
RETIREMENT SYSTEM

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF MIAMI DADE

Before me personally appeared _____, whose
street address is _____, and who
being first duly sworn, deposes and says:

I am the retired member of the City of Hialeah Retirement System named on the pension
benefits issued, and am duly authorized to receive said benefits.

My joint annuitant/spouse's signature appears below indicating the joint annuitant/spouse is living.

FURTHER AFFIANT SAYETH NAUGHT.

Signature of Retiree

()

Telephone

E-mail Address: _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public
State of Florida at Large

- ☐ Personally Known
☐ Produced Identification

Print/Type Name of Notary Public

Type of Identification Produced

My Commission Expires:

Signature of Joint Annuitant/Spouse

()

Telephone

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public
State of Florida at Large

- ☐ Personally Known
☐ Produced Identification

Print/Type Name of Notary Public
My Commission Expires:

Type of Identification Produce